

FILED APR 23 1940

C. No. 2  
-11-10-39  
J-17-39  
I X21492DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11461

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 23

## 1. PLACE OF DEATH:

- (a) County Knox  
 (b) City or town Edina Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution 2  
 (Specify whether  
 In this community 20 yrs  
 years, months or days)

3. (a) PRINT FULL NAME Charles Stauder 336

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 29 1862  
 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Edina Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Office work

11. Industry or business \_\_\_\_\_

12. Name Henry Stauder 6

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary E. Jenkins

15. Birthplace Ill.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Ella S. Long

- (b) Address Edina Mo.

17. (a) Burial (b) Date thereof Mar 18 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Graville Cemetery

18. (a) Signature of funeral director Geo. J. W. Hudson

- (b) Address Edina Mo.

19. (a) Mar 18 1940 (b) Mrs. C. M. Smith  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Knox  
 (c) City or town Edina  
 (If outside city or town limit, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (if rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
 year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 12, 1940, to March 16, 1940

that I last saw him alive on March 16, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 4 days

Due to 94 W

Due to \_\_\_\_\_

Other conditions Angina Pectoris 4 yrs  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_

- (b) Date of occurrence \_\_\_\_\_

- (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

395 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature W. E. Luman (M. D. or other) \_\_\_\_\_

Address Edina Mo Date signed March 18 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 4-46-782

Date Filed APR 10 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Wm. J. W. Hudson*

Licensed Embalmer No. 2972

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 11461

Registration District No. 441

Primary Registration District No. 4259

Registrar's No. 23

1. PLACE OF DEATH:

(a) County King  
(b) City or town Edina  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT  
FULL NAME

Charles Stander

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex m  
5. Color or  
race w

6. (a) Single, widowed, married,  
divorced s

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if  
alive \_\_\_\_\_ year

7. Birth date of deceased May 29 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 17  
If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) May 3 1940 (b) Mr. C. M. Knick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

20. DATE OF DEATH

Month Mar day 16  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature W. E. Luman (M. D. or other)  
Address Edina m Date signed \_\_\_\_\_  
F. E. Luman

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

11461 (1940)